

# NAVY CHILD AND YOUTH PROGRAM REGISTRATION FORM 1700/04

Start Date (MM/DD/YY):		Requiring Directive OPNAVINST 1700.9			
Child's Name (Last, First, Middle):		<input type="checkbox"/> Male <input type="checkbox"/> Female		Birthdate (MM/DD/YY):	
Age:					
Name of Child's School (if applicable):			Child's School Grade Level (if applicable):		
Registering for:	<input type="checkbox"/> CDC <input type="checkbox"/> CDH	<input type="checkbox"/> 24/7 Center	<input type="checkbox"/> SAC <input type="checkbox"/> YP	Type of Care:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Part-Day Enrichment
				<input type="checkbox"/> Hourly Care <input type="checkbox"/> Before School <input type="checkbox"/> After School	<input type="checkbox"/> Before & After School <input type="checkbox"/> Camp
Sponsor's Name (Last, First, Middle):		Rank/Rate:	Branch:	Status:	<input type="checkbox"/> ACT <input type="checkbox"/> RET <input type="checkbox"/> RES
					<input type="checkbox"/> CIV DoD <input type="checkbox"/> CTR <input type="checkbox"/> COM CIV
Home Address (include city and zip code): <input type="checkbox"/> Lives on base <input type="checkbox"/> Lives off base					
Home Phone (include area code):		Cell Phone (include area code):		Email Address:	
Duty Station/Place of Employment (include address, city, and zip code):			Work Phone:	PCS Date (if known/applicable; MM/DD/YY)	
Family Type:	<input type="checkbox"/> Single Parent Military <input type="checkbox"/> Dual Military	<input type="checkbox"/> FT Working Spouse <input type="checkbox"/> PT Working Spouse	<input type="checkbox"/> Student Spouse <input type="checkbox"/> Unemployed Spouse	If Spouse is Military:	Branch: Rank/Rate:
Spouse's Name (Last, First, Middle):					
Spouse's Work Phone (include area code):		Spouse's Cell Phone (include area code):		Spouse's Email Address:	
Does child have sibling enrolled in another CY program: <input type="checkbox"/> Yes <input type="checkbox"/> No		If "yes," child's name and program (if more than one child is enrolled, list all children and their programs):			
<b>Emergency Notification Contacts:</b> These individuals will be contacted in case of an emergency when the parent cannot be reached. They are authorized to pick up the child in emergency and non-emergency situations. (At least 2 local emergency contacts other than the child's parent(s) or legal guardians required; provide as many phone numbers as possible)					
Name	Relationship to Child	Cell Phone	Home Phone	Work Phone	
<b>(OPTIONAL) Non-emergency Authorized Release/Pick Up Contacts:</b> These individuals are authorized to pick up the child, but will not be contacted for emergency situations.					
Name	Relationship to Child	Cell Phone	Home Phone	Work Phone	

**Consent for Ambulance for Emergency Care:** I hereby give my consent for an authorized Navy CYP Professional to call an ambulance for my child, \_\_\_\_\_ in case of a medical or dental emergency. I understand that every effort will be made to contact me or my emergency contacts in the event of an emergency prior to transport. Treatment may take place at any medical facility. Any expense incurred will be borne by me.

Name of Child's Medical Insurance Co.:	Policy/Grp. # (not needed for Active Duty):	Name of Policy Holder:	Name of Child's Physician/Phone:
<div style="background-color: #cccccc; padding: 2px;">SIGN HERE</div> <b>Sponsor's Consent for Ambulance for Emergency Care and Date:</b>			
<div style="background-color: #cccccc; padding: 2px;">SIGN HERE</div> <b>Sponsor's Signature and Date</b> (Signature indicates the sponsor has provided true and accurate information to the best of his/her knowledge)		<b>CYP Representative Signature and Date</b> (Signature indicates the CYP Professional has reviewed the registration form and verified the family's eligibility and priority type)	

**AUTHORITY:** P.L. 101-89, Sec. 1507, "Military Child Care Act of 1989"; Title 5 U.S.C. 301 Department Regulations; E.O. 9397; and OPNAVINST 1700.9 "Child and Youth Programs."

**PURPOSE:** To provide Child and Youth Programs (CYP) with authorization for medical treatment in emergency situations; identify children and sponsors; record required immunizations; and record known allergies and special instructions.

**ROUTINE USES:** Information may be furnished to military or civilian doctors or hospitals in the course of obtaining medical attention for children. The SSN is necessary so that the Child and Youth Programs can identify the individual and his/her records. Information furnished may be disclosed to any DoD component, and upon request, to other federal, state and local governmental agencies in the pursuit of their official duties relating to proper child care. Finally, the information may be disclosed to law enforcement activities for the purpose of litigation.

**VOLUNTARY DISCLOSURE:** Furnishing the information is voluntary; however, failure to provide the requested information could result in denial of a child's admission to the CYP.